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| NATIONAL SCIENCE FOUNDATION 4201 WILSON BOULEVARD ARLINGTON, VA 22230 REQUEST FOR STIPEND ADVANCE | FOR NSF USE |
| | GRANT NUMBER |
| | AMOUNT |
| | SSN |
| | APPROVED |
| | DATE |

Program Office Division of Astronomical Sciences Room Number 1045

Program Contract Dr. Dana Lehr Fax Number (703) 292-9034

The Stipend Advance is considered the first month's stipend. The purpose of this advance is to allow for fund availability before arrival at a host institution. If a Stipend Advance is requested, the next stipend payment will not be processed until the second month of tenure.

All payments are sent electronically to your bank. If you are located outside of the U.S., a foreign bank may be used, however, the bank must have U.S. affiliate.

If you wish to request a stipend advance, please complete and return this form to the supporting program office along with your ACH Vendor/Miscellaneous Payment Enrollment Form (U.S. Bank), or Foreign Banking Information Form (Foreign Bank).

Questions regarding payment of this advance should be directed to the Division of Financial Management, Elizabeth Gebremedhin, (703) 292-4444.

STATEMENT OF TENURE

NAME OF FELLOWSHIP Astronomy and Astrophysics Postdoctoral Fellowship

HOST INSTITUTION _____

TENURE START DATE

I understand that if I do not begin tenure, as planned, I must return the stipend advance to the Foundation

NAME (type or print)

SIGNATURE

DATE